

## Health Care Centre

# STANDARD OPERATING PROCEDURE: COVID-19 OCCUPATIONAL HEALTH AND SAFETY

<b>Title</b>	SOP: Covid-19 OHS		
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## 1 Acknowledgement

This standard operating procedure is based on guidance published by the World Health Organisation, National Department of Health, National Institute for Communicable Diseases, Department of Employment and Labour and Department of Higher Education and Training.

## 2 Abbreviations and/or definitions

<b>Abbreviation/definition</b>	<b>Description</b>
BCEA	Basic Conditions of Employment Act, 75 of 1997.
COVID-19	A disease – usually a respiratory tract illness – caused by the SARS-CoV-2 virus.
Disaster Management Act	Disaster Management Act, 57 of 2002.
DHET	Department of Higher Education and Training.
DoH	Department of Health.
ECDC	European Centre for Disease Prevention and Control.
Essential Services	Essential services mean services, by whomsoever rendered and whether rendered to the government or any other person, the interruption of which endangers the life, health or personal safety of the whole or part of the population.
HCW	Health Care Workers.
Incubation period	Time from exposure to contracting the disease.
Isolation	A period during which someone who is suspected or confirmed to have COVID-19 is separated from healthy people. The period stops if they test negative or, if they test positive, they remain in isolation until they are well. Isolation can be involuntary if demanded by the State.
OHS	Occupational Health and Safety.
OHSA	Occupational Health and Safety Act, 85 of 1993.
NICD	National Institute of Communicable Diseases.
NWU	North-West University.
PPE	Personal Protective Equipment.
PCR	Polymerase Chain Reaction, a test to diagnose COVID-19.
Physical distancing (also referred to as social distancing)	Measures taken to restrict the possible spread of infectious diseases and include increasing physical distance between individuals.
Quarantine	According to the WHO's International Health Regulations (2005) "quarantine" means the restriction of activities and/or separation from others of suspect persons who are not ill OR of suspect baggage, containers, conveyances or goods in such a manner as to prevent the possible spread of infection or contamination.

	<p>The purpose of quarantine is to prevent the transmission of diseases. Quarantine can be applied to:</p> <ul style="list-style-type: none"> <li>• An individual or a group of persons who were exposed to someone who is confirmed to have COVID-19.</li> <li>• This is usually for a period of 14 days in the case of COVID-19 and can be involuntary if demanded by the State.</li> </ul>
SARS-CoV-2	A novel respiratory virus first identified in Wuhan China in December 2019 and responsible for a global pandemic.
Screening	A process to identify individuals who may have an infection from SARS-CoV-2; usually ascertained by a symptom questionnaire.
Isolation	<p>The International Health Regulations (2005) define “isolation” as the separation of ill or contaminated persons or affected baggage, containers, conveyances, goods or postal parcels from others in such a manner as to prevent the spread of infection or contamination. In the context of the COVID-19 pandemic, isolation may include, amongst others:</p> <ul style="list-style-type: none"> <li>• Isolation at a person's home.</li> <li>• Isolation in a health facility.</li> <li>• Isolation at a designated facility.</li> </ul>
SLA	Service Level Agreement.
SOP	Standard Operating Procedure.
Social Distancing	To remain out of crowds and maintain 2 meters from one another.
Source	Infected person.
Surveillance	The process of determining the proportion of the population who have a recent past infection with SARS-CoV-2.
Virus	SARS-CoV-2 virus.
WHO	World Health Organisation.

### 3 Purpose of the SOP

To provide standard requirements and protocol to as far as reasonably possible mitigate and control the COVID-19 hazard and spread of COVID-19 at the NWU.

Provide SOP for the management of employees returning to work as per the phased re-integration plan following the COVID-19 South African lockdown. The SOP address possible exposure to SARS-CoV-2 the virus responsible for COVID-19 and subsequent illness, isolation, and quarantine, in addition to the usual return to work procedures.

### 4 The risk-adjusted strategy of Government

On 11 March 2020, the World Health Organization (WHO) declared the coronavirus COVID-19 outbreak as a pandemic.

The first case was diagnosed in South Africa on 5 March 2020. The rapidity of spread across the globe has demonstrated unprecedented transmission. South Africa has a unique challenge of a large vulnerable immunocompromised population living in overcrowded conditions. Employees who may be at particular risk are those aged over 60 and have an underlying condition or chronic disease. A national state of disaster was published in Government Gazette No. 43096 on Sunday, 15 March 2020, in terms of Section 27 (2) of the Disaster Management Act, 2002 (Act .57 of 2002) due to the developing pandemic of Covid-19 disease.

” Prevention of the transmission” of the COVID-19 virus is currently the most effective and evidence-based method to curb and contain the spread of the pandemic.

## 5 COVID-19

### 5.1 About the virus

As a group, coronaviruses are common across the world. COVID-19 is a new strain of coronavirus first identified in Wuhan City, China in January 2020. Currently, the incubation period of COVID-19 is assessed to be between 2 and 14 days. This means that if a person remains well 14 days after contact with someone with confirmed coronavirus, they have not been infected. The best way to reduce any risk of infection is good hygiene and avoiding direct or close contact (closer than 2 meters) with any potentially infected person. Any

employee who deals with members of the public from behind a screen should be protected from airborne particles. Regularly updated information on COVID-19 is available from the National Department of Health.

## **5.2 Signs and symptoms of COVID-19**

The following symptoms may develop in the 14 days after exposure to someone who has COVID-19 infection:

- Dry cough
- Fever
- Sore throat
- Shortness of breath
- Loss of taste and smell
- Redness of eyes
- Tiredness
- Body Aches
- Headaches
- Skin rash
- Nasal congestion
- Diarrhoea

Generally, these infections can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer, and chronic lung disease.

## **5.3 How COVID-19 is spread**

From what we know about other coronaviruses, the spread of COVID-19 is most likely to happen when there is close contact (2 meters or less) with an infected person. It is likely that the risk increases the longer someone has close contact with an infected person. Droplets produced when an infected person coughs or sneezes containing the virus are the main means of transmission. People can spread COVID-19 by two main routes:

- Infection can be spread between people who are in close proximity (within 2 meters) of a positive infected person when coughing or sneezing, airborne droplets could be inhaled into the lungs.
- It is also possible that someone may become infected by touching a surface, object, or bodily contact infected person that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as touching a doorknob or shaking hands then touching own face).

## **5.4 How long the virus can survive?**

How long any respiratory virus survives will depend on several factors, for example:

- what surface the virus is on;
- whether it is exposed to sunlight;
- differences in temperature and humidity;
- exposure to cleaning products.

Under most circumstances, the lifespan of infectious viruses on any contaminated surfaces is likely to decrease significantly over 72 hours. Viruses are transferred to and by people's hands. Therefore, regular hand hygiene and cleaning of frequently touched surfaces will help to reduce the risk of infection.

# **6 The responsibilities of the employer**

## **6.1 Preventing and mitigating the transmission of COVID-19 in the workplace**

The NWU will take reasonable steps to ensure the health and safety of the employees as described in the Occupational Health and Safety Act, number 85 of 1993, Department of Employment and Labour COVID-19 directives and guidelines, and the implementation of NWU COVID-19 procedures and directives to protect employees, student and visitor from the risk of exposure to COVID-19.

## **6.2 Protect the employee, student and visitors**

- NWU COVID-19 baseline risk assessment, this SOP, and other COVID-19 information will be communicated to all employees and students. All information will be available on the NWU COVID-19 webpages.
- Managers, risk facilitators, and OHS representatives will conduct and participate in workplace walk-through inspections to identify potential areas of increased risk and priority action.

- Managers, risk facilitators, and OHS representatives will conduct and participate in workplace risk assessment and communicate it to their employees and students.
- Daily screening and monitoring will be done.
- OHS committees will discuss concerns related to COVID-19 and propose changes to the workplace that may affect the health or safety of employees, students, and visitors.

### **6.3 The responsibilities of the employees/students/visitors**

- Self-Screen at home before coming to work. If you do not feel well, stay at home, and contact your manager.
- Complete mandatory online COVID-19 awareness training before returning to work (following lockdown as per NWU Re-integration plan).
- Ensure you undergo COVID-19 symptom screening, including body temperature check daily on entry at the NWU.
- Wear all PPE provided – As per PPE Matrix.
- Perform social distancing and good hygiene practices.
- Adhere to NWU directives, controls, requirements, and protocols concerning COVID-19 communicated to you.
- Report any unsafe or unhealthy situation immediately to your manager or OHS representative.
- Set an example for others.

## **7 Controlling exposures**

### **7.1 Risk-based approach**

The NWU will implement procedures to minimise and control the risk of exposure to COVID-19 as follows:

- Conduct a COVID-19 baseline risk assessment.
- Issue the baseline risk assessment, SOP and other COVID-19 requirements and directives to all via the NWU website.
- Mandatory online COVID-19 awareness course for all employees before returning to the NWU. Communicated via the NWU communication department to employees.
- Communicate all applicable COVID-19 information to employees and students.
- Train managers and workers in COVID-19 related workplace matters. Occupational Safety will roll-out safety training via the NWU communication platform.
- Train managers on conducting workplace risk assessments and communicate it to all their employees. Occupational Safety will rollout safety training via the NWU communication platform.
- Undertake regular inspections and monitoring of the workplace. The Occupational Safety department will roll out an inspection and monitoring program.
- Remedy any unsafe or harmful conditions immediately.

### **7.2 Implementing exposure controls**

The NWU is committed to implementing control measures in the workplace to prevent exposure to COVID-19. When selecting control or a combination of controls, the NWU managers, risk facilitators and OHS representatives will start at the top of the hierarchy of controls.

The most effective controls (safeguards) will be implemented as far as reasonably practical possible. Controls will be implemented by all managers and employees and will be monitored continuously to ensure that the best level of protection to employees and students is provided.

### **7.3 Hierarchy of controls**

- Elimination: Involves removing the risk of exposure entirely from the workplace. This could involve postponing, re-organising, or planning work in such a way that employees and students are not exposed to any risk. Having employees, work remotely is an example of eliminating the risk from the workplace.
- Engineering controls: Physical changes in the workplace, such as installing Plexiglas barriers, HEPA filtration and barriers.
- Administrative controls: Altering work practices to minimise exposure, such as minimising the numbers of employees at work, staggering work shifts, procedures and training.
- Personal protective equipment (PPE): PPE will only be considered after careful consideration of the previous control measures.

## **8 Returning to the NWU – Procedure to access the NWU premises:**

**Step 1: Complete the online COVID-19 awareness (induction) course. Communicated via the NWU communication department to employees and students.**

**Step 2: Daily pre-screening questionnaire to access the NWU via the NWU DIY App on eFundi (employees/students/contractors/visitors)**

- Staff, students, contractors and visitors must (if possible – via an electronic device) complete the appropriate action/entry to the NWU premises will not be permitted.
- If the application indicates isolate/seek, emergency/medical care the person must take the appropriate action/entry to the NWU premises will not be permitted.

**Step 3: Arrive at the access gate (interim process)**

- Access the NWU via:
  - Mahikeng – Main gate.
  - Potchefstroom – All gates (Contractors access via President Street).
  - Vanderbijlpark – Main gate
- At the entrance gate, the person entering is required to show his/her green/red token that indicates the application has been completed (daily pre-screening questionnaire).
- Upon entering, temperature screening will be conducted either manually or by a built in non-contact temperature camera where available.
- Pending the results of the temperature screening, the employee will be issued with a sticker to indicate that he/she has been cleared and access to the workplace is authorised.
- If the person has a high temperature and/or high-risk indicators found on the questionnaire (red token), the person will be referred to the Health Care Centre or a preferred medical doctor for further assessment/medical attention/testing.
- Note: Any person, who cannot complete the daily pre-screening questionnaire before accessing the NWU, will be assisted by protection services at the gate to complete the daily pre-screening questionnaire on behalf of the person.

## **9 NWU COVID-19 Workplace protocol**

**Step 1: Department and Faculties to take the following actions before returning to the workplace (as authorised per NWU Re-integration plan):**

- Conduct an issue-based risk assessment of the workplace and communicated to all employees. The Occupational Safety department will roll-out an issue-based risk assessment template and training.
- Department and facility OHS committees to discuss COVID-19 risk assessments, SOP and specific COVID-19 risks and make recommendations on improving/workplace.
- Implement controls with assistance from Department Facilities (sanitation units (University approved equipment)/cleaning of workplace areas/ventilation system with facilities – engineering compliance/PPE/markings of areas.
- Managers conduct inspection and record findings with campus OHS co-ordinator (submit records to Occupational Safety).

**Step 2: Implement/manage and monitor – standard workplace protocol:**

### **A. Social distancing measures/interaction between employees, students and visitors.**

- The workplace must be arranged to ensure minimal contact between employees and as far as practicable ensure that there are a minimum of two (2) meters between employees while they are working.
- Ensure that only authorised employees are at the workplace.
- Where the 2-meter social distancing rule cannot be applied, install physical barriers or other engineering controls.
- Revision of work schedules or implementing a work-from-home strategy for some employees and students to limit the numbers of people on campuses at a given time.
- Maintaining an up-to-date list of employees at the workplace.
- Using tape/bunting to mark and demarcate areas where employees may and may not walk, and indicate areas where employees may walk only in one direction (such as down an aisle or narrow corridor).
- Posting signage to remind workers to maintain their distance when interacting (Poster can be requested from NWU Wellness).
- Postponing, re-arranging, or planning work tasks in such a way that employees and students are not required to work in proximity to one another.

- Avoid shaking hands, hugging or kissing and touching your face.
- Avoid possible non-formal gatherings in enclosed spaces, for example, small meeting rooms, tearooms, kitchens, common areas, etc.
- Avoid face-to-face formal gatherings of any kind.
- Minimise contact between individuals, by making use of telephone and online technology.
- Staggering tea/break times to avoid close contact.
- Cancelling or deferring non-essential meetings, gatherings, events, workshops, training sessions, etc.
- Limiting the number of employees, students and visitors at one time in all locations – scheduled appointments/workplace access control (keep areas/workplace locked but maintain fire escape).
- Ensure that access control is managed concerning after-hours access. Also ensuring that employees adhere to their schedules and do not overstay their allotted time slots (after-hours work must be approved by the employees' responsible line-manager and must be critical task(s) that must be completed only. Records to be submitted to the NWU Health Care Centre ([Karen.biewenga@nwu.ac.za](mailto:Karen.biewenga@nwu.ac.za)).

#### **B. Use of equipment and machinery**

- Review work procedures to ensure appropriate distancing.
- Identify potential means of transmission on surfaces and minimise contact with those surfaces.
- Altering work practices to minimise exposure, such as minimising the numbers of people inside offices, classes, shops by making virtual appointments or working from home.
- All equipment (NWU user-specific assigned equipment and devices – e.g. PC/keyboards) must be sanitised before the commencement of duty by users/operators. The use of equipment involving multiple users must be as far as possible avoided. If not, specific controls must be assigned to the user.

#### **C. Use of kitchens, conference rooms, reception areas, bathrooms, storerooms, changing facilities, lockers and bathrooms**

- Provide and maintain adequate washroom facilities, as required by the Occupational Health and Safety Act, 85 of 1993 (Facilities Regulations).
- Sanitisers must be made available as far as reasonably practicable in all kitchens, conference rooms, reception areas, storerooms, changing facilities, lockers, bathrooms and building access points.
- Access to tea rooms must be limited to 1-2 people at all times or closed for the time being (only beverages allowed to be made/no food preparation allowed/use of own personal cup and glass required and own cleaning (No plates/food utensils may be placed in the kitchen)).

#### **D. General hygiene practices and sanitisers**

- Employees must wash their hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing their nose, coughing or sneezing. Employees must regularly and thoroughly clean their hands with an alcohol-based hand rub or wash them with soap and water (especially pre and post meetings/touching surfaces/handling equipment, money, parcels, etc.).
- Avoid touching eyes, nose and mouth.
- At all times wear a cloth mask or as per NWU PPE matrix, NWU workplace PPE requirements.
- Each employee returning to work will be issued with a free hand sanitiser (70% alcohol).
- Each Faculty/Department to determine their additional requirements for hand sanitisers and associated equipment (dispenser/spray bottles/etc.1) and purchase the equipment through approved/listed service providers. Especially where there is an interaction between employees/students/public. This excludes mounted dispensers or foot or automatic dispensers. This will have to be requested from the Facilities department after investigation and approval. Only NWU preferred dispensers will be installed.

#### **E. Computer laboratories (as per NWU library protocols directive: 29 April 2020: directive on the use of computer laboratories)**

- To adhere to social distancing protocols, only every 3<sup>rd</sup> PC will be activated. The implication is that only a third of the capacity of the lab will be available. A lab with a capacity of 100 will have 33 workable PC's. social distancing will be enforced.
- Controlled and scheduled cleaning will be conducted.
- Hand sanitizing will be compulsory when entering the PC lab.
- Informative posters will be displayed.
- PC labs will be evacuated every two (2) hours for disinfecting and sanitizing. Labs will only be available in set times.

## **F. Ventilation in the workplace**

Buildings or spaces authorised for access as per the Re-integration plan, the following is applicable:

- The department/faculty to contact NWU engineering compliance for a ventilation assessment (ventilation assessment before use by a specialist (Hygienist/Mechanical engineer/engineering compliance – Hendrik Esterhuizen).
- Engineering compliance to compile an action plan for building/area (current status with controls/area with a maintenance schedule (copy to OHS – Karen Biewenga/and user).

### General requirements

- HVAC/central air-conditioning systems – engineering compliance to clean all filters. Run all systems for 24 hours per building and thereafter conduct cleaning through maintenance service.
- Central HVAC systems – engineering compliance must ensure where required and practicable that high-efficiency filters installed/cleaning and frequency of filter cleaning is increased/reducing recirculating air (open outdoor air dampers to 100%)/increase ventilation rates/increase outdoor ventilation.
- Employees must open windows and doors to ensure cross-ventilation in areas. Employees must not be placed in areas where no cross-ventilation is possible.

## **G. Meetings or events**

- Managers to determine whether a face-to-face meeting is absolutely required, or can alternatives be used (electronic platforms)
- If not, and the meeting must be held – social distancing maintained and PPE requirements must be ensured.
- All attendees' hands must be sanitised before entering and when leaving the meeting venue.
- Venue convener must ensure the venue is sanitised/cleaned before and after the meeting.
- The meeting must be scaled down to allow for only the essential person required.
- Record of attendance must be kept by the meeting convener.

## **H. Transport – On-campus premises and between campuses (Fleet vehicles/rental vehicles) – Essential travel.**

- The vehicle will be sanitised before the start of shift/trip and after the shift/trip change by the fleet management services.
- As far as possible, employees must travel alone in the vehicles to practice physical distancing. The following restrictions will apply:
  - The number of passengers for each vehicle: Combi – 70% of their maximum licensed passenger-carrying capacity, busses – 70 % of the passenger-carrying capacity, all other NWU vehicles – 50% of the passenger-carrying capacity.
- Employees must wear a cloth face mask and use/have available a 70% hand sanitiser with them as provided by the NWU to each employee.

## **I. Transport to and from work (private and public transport)**

- Employees must wear a face mask and use/have available a 70% hand sanitiser with them as provided by the NWU to each employee.
- Employees are encouraged to practice social distancing and comply with all Government regulations and directives.

## **J. Emotional support**

- Encourage employees to seek help if they are feeling overwhelmed with emotions such as sadness, depression and anxiety.
- NWU Wellness 24hour contact number 0800 213 149.
- Hotline for the COVID-19 as per the Department of Health website: 0800 029 999.

## **K. Biometric systems and card reader**

- Biometric systems must be deactivated where possible, where there is increased access to risk areas. Arrangements must be made with campus OHS and campus protection services. Where in use cleaning before and after use must be conducted by that specific faculty or department.
- Employees must wear face masks and use/have available a 70% hand sanitiser with them as provided by the NWU to each employee. Hands are to be sanitised by the employees before and after using the personnel card.
- No breathalyser and lung function tests will be allowed in the NWU workplace, including alcohol testing (breathalyser/blow test).

- On suspecting an employee under the influence of alcohol at the workplace, the employee must be sent home and reported to protection services. Recurring cases must be referred to protection services and People and Culture.

## **L. Waste and hazardous waste**

### **The existing process used by faculties and departments**

- Process for the disposal of Medical, Biological and chemical waste, according to the NWU OHS service level agreement and Averda Healthcare risk waste protocols will remain in use. Faculties using this service will continue as per normal procedures for hazardous waste (Averda hazardous waste procedures can be requested via Erica Kruger – [27539385@nwu.ac.za](mailto:27539385@nwu.ac.za)).

### **New user registration for hazardous waste disposal:**

- Faculties and Departments (including their contractors'/ service providers) that will require the use of disposable PPE (personal protective equipment during the COVID-19 pandemic) must follow the following steps. **Very important** – The Faculty / Department risk assessment must indicate the use of disposable PPE due to specific hazards and that cloth masks are not suitable for the task. Unnecessary use of disposable masks must be avoided; as there is a need for these masks for our health care workers at the NWU.

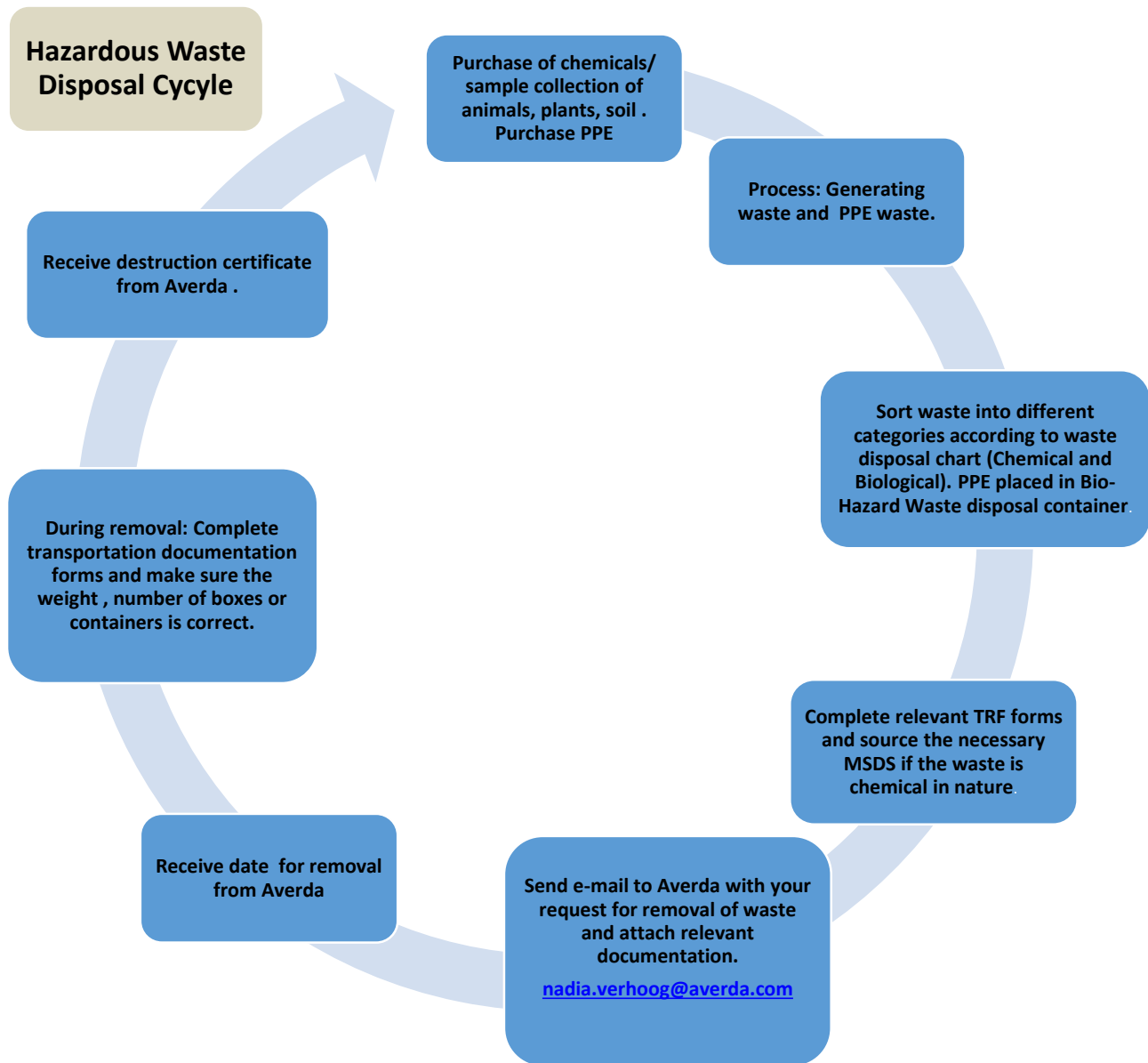
### **Steps to follow: Obtain PPE hazardous waste box**

- Client (New NWU) to email order to Nadia Verhoog at [talk2us@averda.com](mailto:talk2us@averda.com) or the client to contact the national Averda call centre to place their order on +0861 Averda (283732) – Indicate: Disposable waste PPE: hazardous waste box and bag / Quantity per day required. The NWU new users must open an account with Averda.
- The national call centre will place the order, print a manifest and inform the NWU new users when delivery will occur.
- Delivery to NWU Client: Averda will arrive at NWU client campus and building and deliver the waste box to the NWU client representative; the NWU client will sign the manifest documents for the waste box(s) / bag delivery. A pink copy of the manifest will stay behind with the NWU client as proof of service delivered.
- NWU client to use box and storage box as per NWU Hazardous waste box procedure (Averda hazardous waste procedures can be requested via Erica Kruger – [27539385@nwu.ac.za](mailto:27539385@nwu.ac.za)).

### **Steps to follow: Collection PPE hazardous waste box**

- Client (New NWU) to email collection request and a new order (replacement) to Nadia Verhoog at [talk2us@averda.com](mailto:talk2us@averda.com) for collection.
- Collection: Averda will arrive at NWU client campus and building, and collect the waste box(s); the NWU client will sign the manifest documents for collection waste box/bag. A pink copy of the manifest will stay behind with the NWU client as proof of service delivered.
- After collection from the NWU, the Averda truck will offload the waste at the Averda plant, the manifest documents will be stamped as good received at the plant, debriefing will take place.
- When waste is treated, the plant will stamp the manifest document as treated which makes the document a legal safe disposal document.
- The weights on the safe disposal document will then be captured by the Averda operation team on the system.
- Once a week there will be an invoice run, upon which the NWU client will receive their invoices and statements.
- NWU Users/client must Contact Nadia Verhoog to ensure correct billing and payment of their account.

**Note:** Contact Erica Kruger – [27539385@nwu.ac.za](mailto:27539385@nwu.ac.za) for any assistance.



## **M. Cleaning of the workplace – NWU Facilities cleaning protocol and cleaning**

### **Step 1: Department and Faculties to take the following actions before returning to the workplace (as authorised per NWU re-integration plan):**

- Manages for all faculties/departments who will be returning essential staff or additional staff as part of the re-integration process needs to inform maintenance and facilities services with regards to the spaces that will be required for re-occupation; including the following information: Building number, Floor number, office number, number of staff returning, area use including laboratories use.
- This information must be sent in advance from the relevant managers with an anticipated return date.
- Based on this date, the common areas i.e. entrances, hallways, bathrooms, kitchens, etc. will be serviced before return dates supplied.
- Due to the volume of staff returning at the restriction on the number of cleaners, the building will be on a waiting list and will be according to the list.

### **Step 2: Operational cleaning**

- As per COVID-19 cleaning specifications for the cleaning service provider and based on the baseline risk assessment of the NWU and the service provider, certain items will not be cleaned due to the inherent risk they pose. This includes:
  - Cutlery, cups and mugs
  - Any food containers
  - Water containers or dispensers
- Any additional cleaning requests will be sent to maintenance services for further action and approval.
- Standard COVID-19 specific cleaning protocol will be used for all disinfecting and sanitizing as per service providers' instructions and protocol.
- Should any staff member request that the service provider does not service their respective spaces i.e. offices, kitchens, etc., it must be sent via to maintenance manager signed by the requester's manager.

### **Step 3: Specialised sanitation**

- In a case of a possible exposure or a positive infection, the specialised sanitation protocol as per the Covid-19 response team will be administered.

## **N. Roles and responsibilities of faculties and departments**

- Inform employees on the NWU risk assessment, this SOP and other NWU COVID-19 directives.
- Ensure measures listed in the NWU Baseline risk assessment and this SOP is implemented / available / enforce and compliance monitored.
- Ensure employees have conducted the online COVID-19 training course.
- Conduct workplace risk assessments and train employees on the risk assessments.
- Brief employee that anyone with a fever, dry cough, sore throat, shortness of breath or redness of eyes needs to stay at home
- Stay at home (or work from home) if medications that may mask symptoms of infection are taken.
- Require every worker to report whether they suffer from any of the following additional symptoms: body aches, loss of smell or loss of taste, nausea, vomiting, diarrhoea, fatigue, weakness or tiredness.
- Any employee who develops the above symptoms should inform their manager and contact the NWU Health Care Centre or doctor.
- Ensure employees wear their cloth facemasks or specified PPE.
- Instruct employees to clean their hands frequently, using soap and water for at least 20 seconds or with an alcohol-based hand sanitiser that contains at least 70 alcohol.
- Ensure employees are issued with hand sanitizer (available at a centralised store at the NWU campuses where Departments/Faculties can order and collect.)
- Provision of equipment / specialist engineering controls / PPE to control a minimise the risk as per faculty / department risk assessment (screen/barriers / PPE / Sanitisers / dispensers, etc.)

## **O. Very high exposure risk jobs (health care workers working at the Health Care Centre, emergency services, and protection services conducting screening at the gates).**

- Adhere to all preventive measures as described by DoH: frequent hand washing and use of alcohol-based hand rub, correct cough etiquette and respiratory hygiene, social distancing (keep a distance of 2m when in contact with other people), do not touch your face unless your hands are clean.
- Employees will be screened for COVID-19 related symptoms daily by Campus health care centres.

- Specialised PPE as specified must be provided and worn at all times while on active duty and interacting with other persons. When you cannot keep the space between workers, 2-meter additional precautions have to be implemented where possible.

#### **P. Employees over the age of 60 and employees with comorbidities**

Covid-19 poses a greater risk to employees with weakened immune systems and long-term health conditions.

#### **Employees over the age of 60 and employees with comorbidities in the context of COVID-19**

Regulation GN R608 in GG 43364 of 28 May 2020 Regulation 46(5) of the Disaster Management Act, 2002, (ACT NO. 57 of 2002), identify

- Employees with known or disclosed health issues or comorbidities, with any condition which or may place such employees at a higher risk of complications or death if they are infected with COVID-19;
- Employees above the age of 60 who are at a higher risk of complications or death if they are infected with COVID-19.

#### **Identifying of a employees over the age of 60 and employees with comorbidities**

Based on information and clinical expertise available, older adults and people of any age who have impaired function of certain organs (heart, lung, kidneys) or depressed immune system are at higher risk for serious complications and severe illness from COVID-19.

#### **The major categories include:**

1. 60 years and older.
2. One or more of the underlying commonly encountered chronic medical conditions (of any age) particularly if not well controlled:
  - chronic lung disease: moderate to severe asthma, chronic obstructive pulmonary disease (COPD), bronchiectasis, idiopathic pulmonary fibrosis, active TB and post-tuberculous lung disease (PTLD)
  - diabetes (poorly controlled) or with late complications
  - moderate/severe hypertension (poorly controlled) or with target organ damage
  - serious heart conditions: heart failure, coronary artery disease, cardiomyopathies, pulmonary hypertension; congenital heart disease
  - chronic kidney disease being treated with dialysis
  - chronic liver disease including cirrhosis
3. Severe obesity (body mass index [BMI] of 40 or higher)
4. Immunocompromised as a result of cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, prolonged use of corticosteroids and other immune weakening medications
5. >28 weeks pregnant (and especially with any of comorbidities listed above)

#### **NWU protocol**

- The NWU are committed to comply with Regulation GN R608 in GG 43364 of 28 May 2020 Regulation 46(5) of the Disaster Management Act, 2002, (ACT NO. 57 of 2002), and endeavour to protect all employees, especially the employees over the age of 60 and employees with comorbidities from exposure to the coronavirus.
- It is specifically required from the NWU as employer to adopt "special measures for employees with known or disclosed health issues or comorbidities".
- All employees over the age of 60 and employees with comorbidities should be encouraged to work remotely.
- The NWU will support these employees in whatever way possible to ensure that they remain productive while working remotely.
- All employees who have underlying medical conditions are encouraged to inform their line managers accordingly.
- The information will be treated with the utmost sensitivity and confidentiality.
- Employees are not required to disclose the nature of the comorbidity or medical condition, but only a confirmation that they do have an underlying medical condition that places them within the vulnerable group.

**The following will be applicable to employees over the age of 60 and employees with comorbidities:**

Category	Recommended reintegration principle
Employees 60 years and older (Legal advice confirmed "the Regulations of 28 May 2020 leaves no room for discretion as to the obligation on the employer to implement measures for the safe return to the workplace of staff over 60. Sub Regulation 46(5) clearly states that employers MUST implement measures for employees in this category to facilitate their safe return to work, which may include special measures at the work place to limit exposure to COVID-19 infection. It does however provide that "and where possible the employees work from home".	<ul style="list-style-type: none"> <li>• Integrate when special administrative controls have been implemented in the workplace</li> <li>• Work from home is strongly advisable</li> <li>• Annual leave</li> </ul>
Employees with comorbidities (underlying medical conditions)	<ul style="list-style-type: none"> <li>• Integrate when special administrative controls have been implemented in the workplace</li> <li>• Work from home is strongly advisable</li> <li>• Annual leave</li> </ul> <p>In the event that a line manager requires proof of a comorbidity for the purpose of reasonable accommodation, the staff member's medical practitioner must issue a letter confirming that the employee has a comorbidity. The medical practitioner is not required to disclose the specific condition.</p>
Women who are pregnant (from 28 weeks)	<ul style="list-style-type: none"> <li>• Integrate during the final phase</li> <li>• Work from home</li> <li>• Annual and/or maternity leave</li> </ul>

**Managing employees over the age of 60 and employees with comorbidities in the workplace - Steps to follow only if working on the premises of the NWU:**

**Step 1:** The employee obtains a letter from a medical doctor/clinic confirming his/her health conditions.

**Step 2:** The employee makes an appointment at the Health Care Centre of their respective campus, to submit the letter to the sister at the Centre.

**Step 3:** A Fitness certificate will be issued at the Health Care Centre.

**Step 4:** For the disclosure of personal information an informed consent form will be signed at the Health Care Centre.

**Step 5:** The employee will submit the relevant Fitness certificate to his/her line-manager.

**Step 6:** The line-manager is responsible to submit the Fitness certificate to People and Culture.

**Step 7:** A list of names will be kept at the Health Care Centre as required by law for the COVID-ready Workplace plan.

- If Occupational Health Centre is unable to secure the consent of any individual, he/she must inform the NWU (not of the condition, but of the consent not provided).
- If the NWU intends to allow employees over the age of 60 years or those employees who have any health issues or comorbidities to return to the workplace in line with the above protocol, the employee must obtain medical advice of the risk faced and both parties should give consent and proof should be submitted to NWU Occupational Health.

**Protecting employees over the age of 60 and employees with comorbidities in the workplace**

- When authorised to return as per NWU protocol, the employee's manager is to conduct a revision on the workplace risk assessment with the NWU Health Care Centre.
- Individual circumstances of the employee in relation to their work environment and activities must be assessed and would include:
  - Ensuring that potential exposure to the SARS-CoV-2 virus by this employee in their current job is eliminated or reduced such that the risk for infection is substantially minimised.

- If potential exposure cannot be eliminated or reduced, the NWU, in consultation with the relevant employee, should explore other ways of temporary workplace accommodation to prevent the risk of infection. These accommodations should be granted based on optimal utilisation of the employee's skills/competencies, without a reduction in benefits and accompanied with adequate training where appropriate.
  - alternative temporary placement / redeployment to a different role and responsibility which has a negligible risk for transmission.
  - restriction of certain duties (not allowed to perform high risk procedures).
  - protective isolation (e.g. providing a dedicated, clean office, etc.)
  - provision of specific PPE appropriate to the risk of the task/activity identified in the workplace risk assessment and adherence to PPE usage protocols
  - stricter physical distancing protocols (including staggering of shifts), barriers or additional hygiene measures.
  - limit duration of close interaction with clients, colleagues and/or the public reducing external risks (use of public transport) by providing alternative transport arrangements where feasible
- If the above steps are not possible, then consideration should be given to allowing the employee to work from home if able to do so, and the necessary equipment, internet access, etc. is available.

#### **Q. Personal Protective equipment (PPE)**

Although engineering and administrative controls are considered more effective in minimising exposure to SARS-CoV-2, PPE may also be needed to prevent certain exposures. While correctly using PPE can help prevent some exposures, it will not take the place of other prevention strategies. Examples of PPE include gloves, goggles, face shields and respiratory protection, when appropriate.

During an outbreak of an infectious disease, such as COVID-19, recommendations for PPE specific to occupations or job tasks may change depending on employee location, updated risk assessments for employees, and information on PPE effectiveness in preventing the spread of COVID-19.

#### **Guidance on cloth face masks**

Cloth facemasks must be worn by all person on the premise of the NWU. Cloth Mask is only complementary measure and not a replacement for preventive practices, such as physical distancing, cough and sneeze etiquette, hand hygiene and specialised PPE required per occupation. It is essential that workers use facemasks properly so that they are effective and safe.






- It should fit properly, completely covering the face from bridge of nose to chin.
- Clean hands properly before putting the cloth face mask on or taking it off.
- Only touch the cord or elastic at the back of the cloth facemask when removing it, not the front.
- If reusable, wash the cloth facemask as soon as possible after use with detergent at 60 °C and iron it. Ironing is the best way to sanitize the mask and must be done. Staff are required to wear a clean mask every day. Managers must ensure this practice is enforced where possible.

#### **All types of PPE selected by managers in Faculties and departments must:**

- Be selected based upon the hazard to the employee.
- Properly fit and periodically refitted, as applicable (e.g., respirators).
- General NWU PPE matrix provided. Department and Faculties to compile additional PPE matrix from their risk assessment(s) conducted for specialist occupations.

#### **The following are not permitted on the NWU premises:**

- The wearing of buffs as the only form of protection.
- The use of a face shield without a mask.
- Masks with ventilation holes, except if the hole has a filter.

NWU General PPE Matrix						
Function	Cloth facemask	Surgical/ N95/ FFP2	Face shield	Gloves	Overcoat/ Lab Coat	Notes
All administrative staff	X					PPE will be provided by NWU free of charge based on Risk assessment of specific department
All academic staff	X					PPE will be provided by NWU free of charge based on Risk assessment of specific department
Courier Services/Post Office	X		X			Face shield and mask when working with public/clients
Cleaners	X		X	X	X	Cleaning staff will wear industry related PPE as stipulated in COVID-19 guidelines for cleaners
Cashiers	X		X			Face shields to be worn in the absence of Mechanical barrier like a Perspex screen or similar device
Emergency team	X	X	X	X		Full PPE
Healthcare centre staff: Clinical	X	X	X	X	X	All infection prevention control measures as stipulated by DOH and COVID-19 specific SOP for Health care centre
Healthcare centre staff: Non-Clinical	X		X			Face shield to be worn in the absence of Mechanical barrier like a Perspex screen or similar device
Laboratory staff (All Faculties)	X	X	X	X	X	Continue with current PPE guidelines – depend on type of tests being conducted
Maintenance/Technical staff	X		X	X		Gloves only when the specific job requires it as stipulated in current guidelines
Protection services doing screenings	X		X			Face shield and mask to be work at all times
Protection services other	X		X			
Visitors to campus	X					
Required at all times						
Depending on job at hand						

## **10 COVID-19 Workplace management - Clinical management of suspected or confirmed COVID-19 disease.**

### **10.1 Suspected COVID-19 cases**

- A suspected COVID-19 case includes any person presenting with an acute ( $\leq 14$  days) respiratory tract infection or other clinical illness compatible with COVID-19, or an asymptomatic person who is a close contact to a confirmed case.
- All symptomatic suspected cases should be identified as soon as possible (ideally prior to entering the facility). Such cases should immediately be given a surgical mask and be isolated. Good hand hygiene and cough etiquette should be taught, and appropriate samples obtained.
- Suspected COVID-19 cases who are medically well, or have mild disease, may be managed at home while awaiting test results if they are able to safely self-isolate (asymptomatic contacts should not be routinely testing).

A suspected COVID-19 case includes any person presenting with an acute ( $\leq 14$  days) respiratory tract infection or other clinical illness compatible with COVID-19, or an asymptomatic person who is a close contact to a confirmed case\*.

In the context of COVID-19, the key respiratory syndrome consists of ANY of:

- Cough
- Sore throat
- Shortness of breath
- Anosmia or dysgeusia
  - ... with or without other symptoms (which may include fever, weakness, myalgia, or diarrhoea).

### **10.2 Testing**

- When a student, employee, worker, visitor screen positive with 2 or more of listed symptoms – they will be referred for a COVID-19 laboratory test.
- PCR-based testing is required for the diagnosis of acute COVID-19 cases. Only one upper respiratory tract swab needs to be taken – currently, a nasopharyngeal sample is recommended
- A single positive PCR test is sufficient proof of COVID-19 infection.

### **10.3 Confirmed COVID-19 cases**

- Patients with mild symptoms may be considered for management at home, provided they are able to safely self-isolate  
Early identification:
- Patients seeking healthcare services for potential COVID-19 should preferably phone ahead of time to their doctor and Health Care Clinic.

### **10.4 A close contact**

- A person having had face-to-face contact ( $\leq 1$  metre) or having been in a closed space with a confirmed COVID-19 case for at least 15 minutes and did not wear the recommended personal protective equipment (e.g. face mask).

A close contact includes:

- All persons living in the same household as a COVID-19 case, and people working closely in the same environment as a case.
- Healthcare workers or other people providing direct care for a COVID-19 case while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, N95 respirator, eye protection).

### **10.5 Protocol for a suspected COVID-19 person or close contact**

- Issue the person a medical surgical mask.
- Direct them to a separate area, preferably an isolation area if available. Where an individual isolation room is not available, a 2-metre distance should be kept between suspected COVID-19 cases and other persons.
- Instruct them to cover their nose and mouth during coughing or sneezing with a tissue or a flexed elbow. They should perform hand hygiene after contact with respiratory secretions (wash hands or use alcohol-based hand rub).

- Protection of all persons by continuing of appropriate COVID-19 protocols (personal hygiene, facemask, social distancing).
- Refer the employee who may be at risk for screening/testing and take any other appropriate measure to prevent possible transmission as instructed by the NWU Occupational Health Care Centre or doctor.
- NWU Occupational Health to assess the risk of transmission and take further action as per point 10.7 & 10.8 below.

## **10.6 Referral sites for testing**

- Medical Aid persons will be tested at private hospital (own cost)
- Government or non-medical aid persons:
  - Potchefstroom Campus: Potchefstroom clinic, Bioki Thlapi clinic (Ikageng), Promosa clinic (Promosa), Steve Tshwete (Ikageng).
  - Vanderbijlpark Campus: COVID-19 test unit at the Government Hospital (Sebokeng Hospital).
  - Mahikeng Campus: Patients will be referred to the COVID-19 test unit at the Government Hospital (Mahikeng Provincial Hospital).

## **10.7 Protocol of notifying in case of a positive COVID-19 person and to perform an investigation**

- Contact your campus Health Care Centre (Potchefstroom (018) 299 4345, Vanderbijlpark (016) 910 3163, Mahikeng (018) 289 2260). After hours contact Protection Service: Mahikeng Camus: 018 389 2167, Potchefstroom Campus 018 299 2211, Vanderbijlpak Campus 016 910 3339.
- Complete the online COVID-19 report form: <http://services.nwu.ac.za/report-covid-19-cases>
- The campus specific Health Care Centre in conjunction with Campus Facilities Maintenance Manager and Campus Protection Services must inspect the area and instruct on actions to be taken and inform the Campus COVID-19 response team accordingly. In the case where student accommodation is involved the specific campus Residence and Catering Manager must also be contacted to conduct the inspection in conjunction with the specific campus Health Care Centre. If the building has a centralized ventilation system, Engineering Compliance, will evaluate which areas should be closed off and identify filters to be decontaminated. The Campus Facilities Maintenance Manager is responsible for notifying Engineering Compliance.
- The affected work area or residence area will be closed (based on outcome of the inspection) for 48 hours, and thereafter cleaned as per facilities cleaning protocol. Tracing and quarantine of persons will be done as per instructions of Department of Health and NWU protocol
- The specific campus Health Care Centre will inform the Department of Health and the Department of Employment and Labour. (Department of Health COVID-19 hotline: 0800 02 9999).
- An investigation must be conducted by the campus Occupational Safety Department (after cleaning of the area) to review the risk assessment, including any control failure and to ensure that the necessary controls and PPE requirements are in place. An incident-based risks assessment as per Department of Health guideline will be used. Occupational Safety department must submit the completed investigation within in 48 hours after re-opening of the affected area to the Health Care Centre (karen.biewenga@nwu.ac.za).

## **10.8 Employees on returning to work after isolation or quarantine period**

If a worker has been diagnosed with COVID-19 and isolated or a person under investigation and quarantined, in accordance with the Department of Health Guidelines and the NWU protocols, the NWU may only allow a worker to return to work on the following conditions as per algorithms on pages 17 and 19.

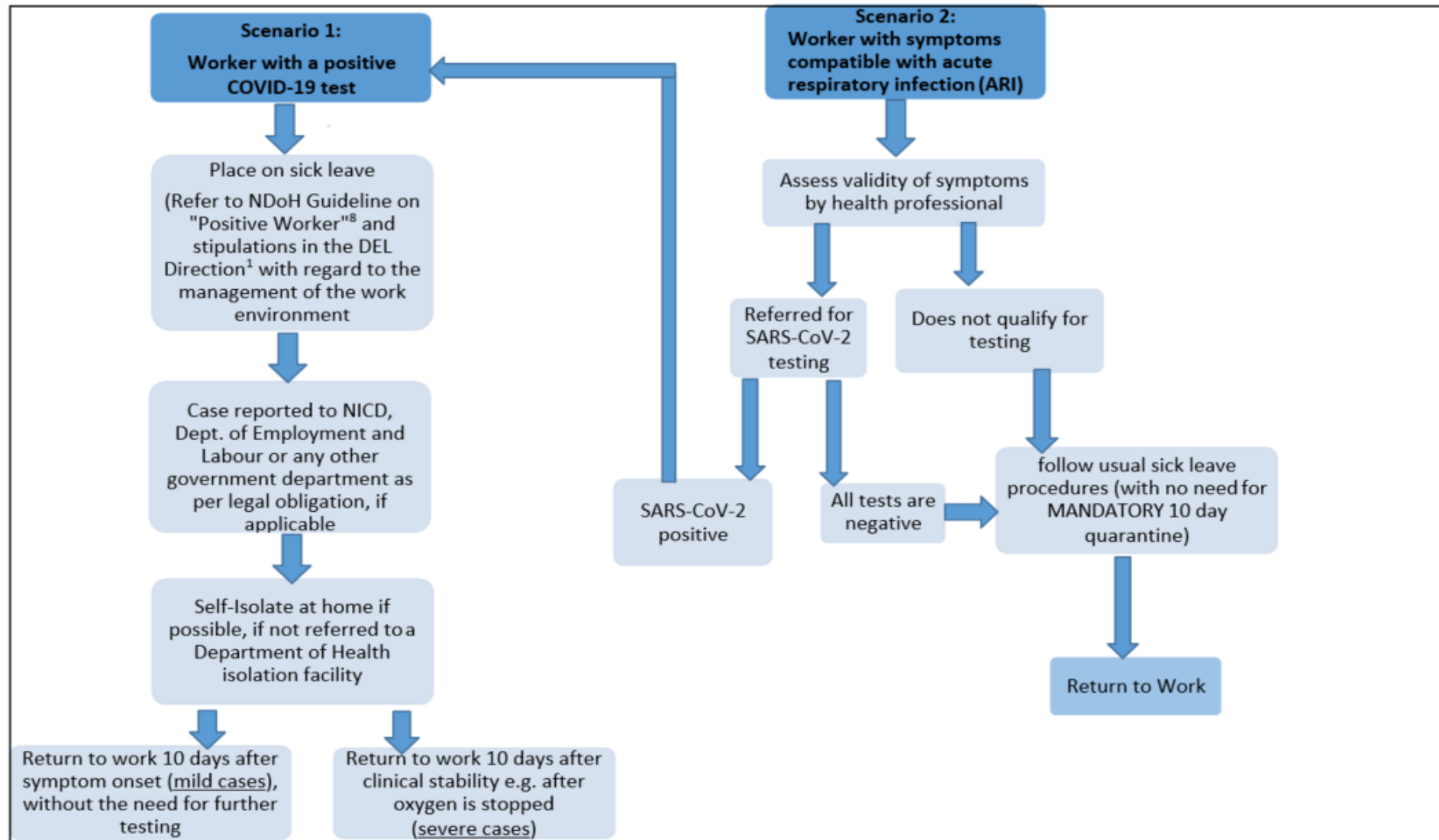
## **11 NWU Quarantine Facility**

NWU Standard operating procedure: COVID-19 Occupational health and safety – quarantine facility available from NWU Health Care Centre and NWU COVID-19 resources page.

## 12 Workplace management algorithms

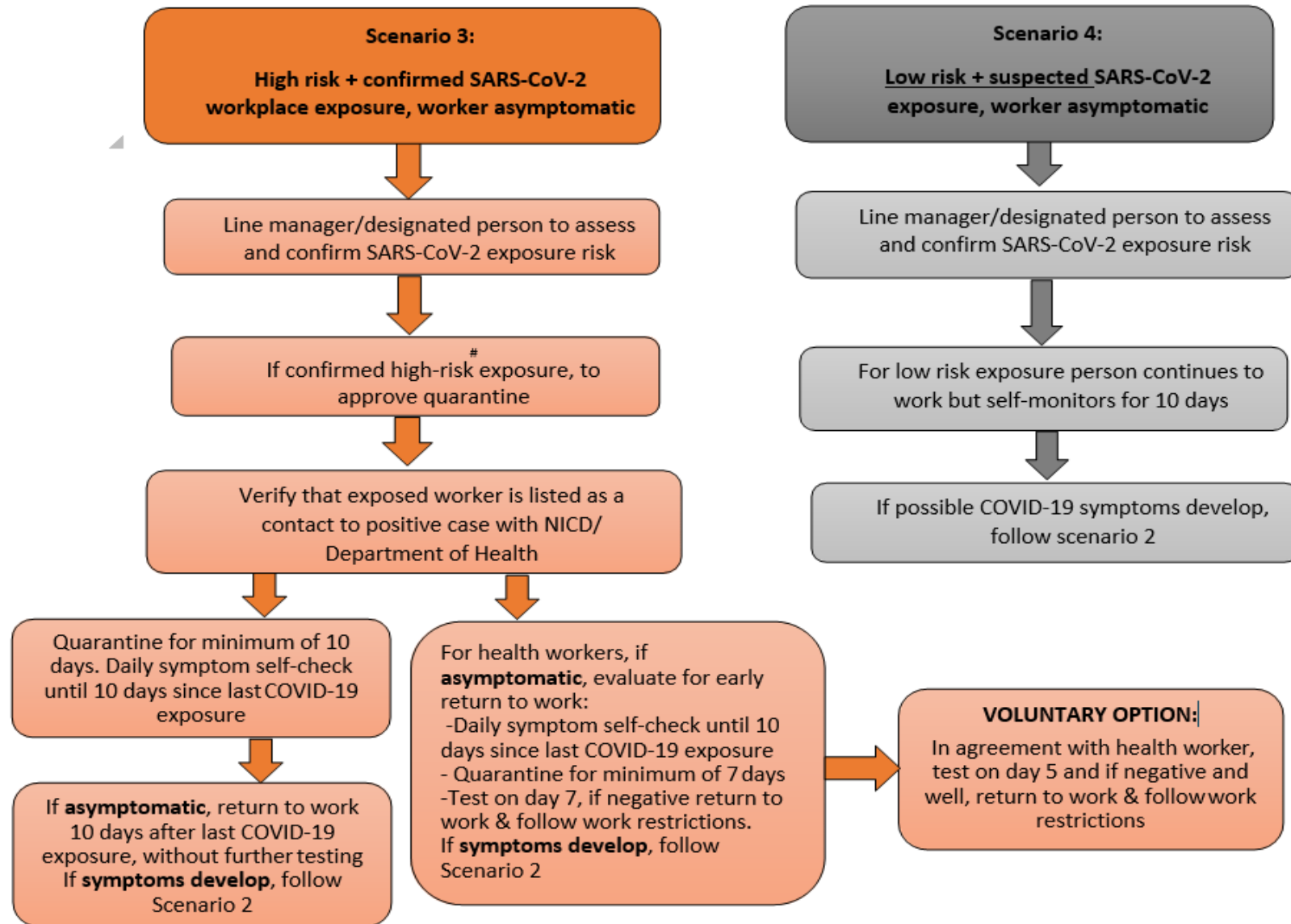
Scenario 1: worker with a confirmed positive COVID-19 test

Scenario 2: worker with symptoms compatible with acute respiratory infection (ART)



Scenario 3: High risk, confirmed COVID-19 exposure, worker asymptomatic

Scenario 4: Low risk, suspected COVID-19 exposure, asymptomatic



<b>Scenario 1: worker with a confirmed positive COVID-19 test</b>	<p>To remain consistent with the advice in the NDOH clinical management of COVID-19 disease Guideline<sup>3</sup>, scenario 1 (COVID-19 confirmed in a worker), will require self-isolation of staff member for 10 days after symptom onset (mild cases) and 10 days after clinical stability (severe cases). Should an early return to work policy be needed in future owing to severe workforce shortages, the US CDC criteria may be re-considered.<sup>1</sup></p>
<b>Scenario 2: worker with current flu-like symptoms</b>	<p>Consider latest NICD and international criteria (US CDC): any staff in with direct COVID-19 contact who develops an acute respiratory infection (e.g. cough, shortness of breath, sore throat, loss of sense of taste/smell) with or without fever (<math>\geq 37.5^{\circ}\text{C}</math>) or history of fever (e.g. night sweats, chills) is a suspected COVID-19 case. Complete NICD symptoms form and select appropriate worker tick box PLUS notify to NICD. Perform SARS-CoV-2 RT-PCR testing. For staff, with a negative RT-PCR test, but high-risk COVID-19 exposure and COVID-19 compatible symptoms, discuss with occupational health practitioner regarding the need for further testing and/or self-quarantine. If an alternate diagnosis is made (e.g. influenza), the criteria for return to work should be based on that diagnosis and duration of infectivity for other respiratory infections.<sup>4</sup></p>
<b>Scenario 3: High risk, confirmed COVID-19 exposure, asymptomatic</b>	<p><b>High risk exposure: close contact within 1 metre of a COVID-19 confirmed case for &gt;15 minutes without PPE (no face cover/eye cover) or with failure of PPE and/or direct contact with respiratory secretions of confirmed COVID-19 case (clinical or laboratory).</b> Line manager to assess and confirm COVID-19 exposure risk. Staff member to self-isolate and perform daily symptom self-check and complete symptom monitoring form until 10 days since last COVID-19 exposure. If asymptomatic through day 10, return to work can be considered for all workers, except health workers. The latter, if asymptomatic through to day 7, can be considered for return to work, following a negative RT-PCR on day 7. Health workers can voluntarily return to work on day 5 if tested negative and not symptomatic.</p>
<b>Scenario 4: Low risk, suspected COVID-19 exposure, asymptomatic</b>	<p><b>Low risk exposure: &gt;1 metre away from a COVID-19 confirmed case for &lt;15 minutes OR within 1 meter but wearing PPE (face cover, eye cover). Also consider lower risk if COVID case was wearing a surgical mask (source control).</b> Line manager to assess and confirm COVID-19 exposure risk For low-risk exposures to a confirmed COVID-19 positive case, worker can <b>continue to work with self-monitoring</b> daily symptom check) for 10 days after last COVID-19 exposure. (use symptom monitoring form above)</p>

## 13 Resources

1. Australian government, <https://www.health.gov.au/resources/publications/coronavirus-covid-19-information-on-the-use-of-surgical-masks>
2. CCOHS' coronavirus factsheet
3. Compensation for Occupational Injuries and Diseases Act, 130 of 1993 in accordance with Notice 193 published on 3 March 2020.
4. COVID-19 Return-To-Work Preparedness/COVID-19%20 guidance for the workplace - OSHWiki.html
5. Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance). US Centres for Disease Control. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html> (accessed 30 March 2020).
6. Department of employment and labour. Covid-19 Occupational Health and safety measures in workplaces COVID-19 (C19 OHS)2020 (29 April 2020).
7. Department of Employment and Labour Workplace Preparedness: COVID-19 (SARS-CoV-19virus)
8. European Commission dedicated webpage on Covid-19
9. Guidelines for symptoms monitoring and management of essential workers for COVID-19 related infection – DoH
10. How can you protect yourself and others from infection – ECDC guidance
11. HSA, [https://www.hsa.ie/eng/news\\_events\\_media/news/news\\_and\\_articles/dept-of-health\\_covid-19-poster\\_for-public-offices\\_5\\_.pdf](https://www.hsa.ie/eng/news_events_media/news/news_and_articles/dept-of-health_covid-19-poster_for-public-offices_5_.pdf)
12. National information resources for the public on COVID-19 – ECDC
13. NICD COVID-19 PUI criteria for testing: <http://www.nicd.ac.za/diseases-a-z-index/covid-19/> (Version 11, 2 April 2020)
14. NICD Clinical management of suspected or confirmed COVID-19 disease Version 3 (accessed 30 March 2020)
15. National Department of Health. National Practical Manual for the Implementation of the National IPC Strategic Framework, March 2020. Available from: (<http://www.health.gov.za/index.php/antimicrobial-resistance/category/629-infection-prevention-and-control-documents>).
16. National Department of Health. Guidelines for symptom monitoring and management of essential workers for COVID-19 related infection (Document prepared by the Occupational Health and Safety Committee – Covid-19 Response).
17. Risk assessment and management of exposure of health care workers in the context of COVID-19 Interim guidance. World Health Organization. 19 March 2020. Available from: [https://apps.who.int/iris/bitstream/handle/10665/331496/WHO-2019-nCov-HW\\_risk\\_assessment-2020.2-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331496/WHO-2019-nCov-HW_risk_assessment-2020.2-eng.pdf) (accessed 30 March 2020)
18. Questions and answers on Coronavirus – WHO
19. WHO's guide Getting your workplace ready for COVID-19
20. NWU Generic guidelines: Student Life and Residence & Catering Environment
21. NWU Protocol on physical distancing for the reduction of the risk of COVID-19 transmission Effective 8 April 2020 until further notice
22. NWU Directive to staff and students on quarantine and isolation for suspected or confirmed COVID-19 disease. Effective 8 April 2020 until further notice
23. NWU Directive on the use of Computer Laboratories. Effective 29 April 2020 until further notice.
24. Guidelines for symptom monitoring and management of workers for SARS-CoV-2 infection (version 5: 19 August 2020).
25. Guideline on the submission of COVID-19 related health data from workplaces to the National Department of Health.
26. Government Gazette Vol.661 23 July 2020 No:43540

Original details: (11664754) P:\2. Management\2.2 Management structures\2.2.4\_SOP\_OHS\_COVID-19.docm  
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File reference: 2.2.4

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27 May 2020

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